

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/764 137

FILING DATE
1-19-01

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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50				
TOTAL ID.	3			
TOTAL EP.	17			
TOTAL CLAIMS	20			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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TOTAL IND.					
TOTAL DEP.					
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